

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

**AIMEE BEVAN, as Personal Representative of
the Estate of Desiree Gonzales, deceased,**

Plaintiff,

v.

Case No. 1:15-CV-00073-KG-SCY

**SANTA FE COUNTY, MARK GALLEGOS,
Deputy Warden/Acting Youth Development Administrator,
in his official and individual capacities, GABRIEL
VALENCIA, Youth Development Administrator,
Individually, MATTHEW EDMUNDS, Corrections
Officer, individually, JOHN ORTEGA, Corrections
Officer, MOLLY ARCHULETA, Corrections Nurse,
Individually, ST. VINCENT HOSPITAL, and
NATHAN PAUL UNKEFER, M.D.,**

Defendants

EXPERT REPORT – WILLIAM BANNER, JR., M.D. PH.D.

Pursuant to the Federal Rules of Civil Procedure, Rule 26(a)(2)(b), I hereby submit the following report regarding my opinions in the above captioned matter. A copy of my curriculum vitae, which details my education, training, experience, and qualifications, is provided herewith. My curriculum vitae also includes a listing of my professional activities, including a list of the publications I have authored since 1979.

For my services as an expert witness, I charge a fee of \$500.00 per hour for record review, conferences with counsel, deposition testimony, and trial testimony. I do not maintain a “fee schedule.” With regard to my prior experience as an expert witness, I am providing a list of matters in which I have given expert testimony from 2010 through 2015.

approximately 23:00 hours. As of 23:00 hours, more than three hours had passed since Ms. Gonzales received naloxone in the field and there is no indication at that time that she was exhibiting any signs or symptoms of recurrent opioid toxicity. Ms. Gonzales was not discovered to have stopped breathing until approximately 01:43 on May 8, 2014. The elapsed time between Ms. Gonzales last dose of naloxone and subsequent cessation of breathing is inconsistent with a recurrence of opioid toxicity. Although naloxone has a shorter half-life than heroin and its metabolites, it would be expected that the effects of any opiate in her system would manifest themselves after the Narcan wore off, which would have occurred approximately sixty to ninety minutes after 19:44. The recurrent effects would include the psychological effects of the drug (euphoria, relaxation), as well as respiratory depression. There is no indication that Ms. Gonzales experienced these recurrent effects prior to being discovered at 01:43.

After Ms. Gonzales made a phone call to her mother and before she was discovered at 01:43, it was noted by the guards and reported to the healthcare providers at CHRISTUS St. Vincent Regional Medical Center, that Ms. Gonzales was experiencing agonal breathing. It was documented in the Emergency Department records that Ms. Gonzales would “stop breathing” and “gasp for air.” These reported observations are inconsistent with Ms. Gonzales experiencing respiratory depression from a recurrent effect of heroin. When a person experiences a recurrence of opioid toxicity, the person’s breathing will slow, they may appear sleepy or relaxed, and fade out until they stop breathing completely. The reported observations of Ms. Gonzales struggling to breath do not fit the clinical picture associated with the respiratory depressant effects of heroin. Moreover, I would not expect Ms. Gonzales to report to her mother that her chest was hurting if she were experiencing a recurrence of the effects of heroin.

As reported by Dr. Prock in the ICU, Ms. Gonzales had blood in her airway and subsequently had large amounts of pulmonary hemorrhage. The autopsy results confirm the presence of pulmonary edema with "microscopic features of an infection." Heroin is known to cause pulmonary complications, including pulmonary edema and pulmonary emboli. Heroin, and the cutting agents that are commonly used in heroin, are also known to cause localized reactions within the lungs that cause difficulty breathing. The reported observations of Ms. Gonzales's struggles to breath and gasping for air are consistent with the above noted pulmonary complications associated with heroin use. The pulmonary complications associated with heroin use are not reversed by administration of naloxone. Ms. Gonzales's clinic picture and reported signs and symptoms are inconsistent with a recurrence of opioid toxicity.

4. The opinions expressed herein are based upon a reasonable degree of medical probability. I may express additional opinions as additional testimony is obtained and discovery continues in this matter and I will supplement this report as appropriate and necessary. I will also offer opinions in response to those expressed by the parties' respective experts.



William Banner, Jr., M.D., Ph.D.